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**DEC 01 2006**

Atty. Docket No. YOR920000390US1  
(590.023)

**RESPONSE UNDER 37 CFR 1.116**  
**-- EXPEDITED PROCEDURE --**  
**EXAMINING GROUP 2654**

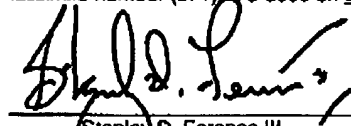
**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of : Padmanabhan et al.  
Serial No. : 09/670,251 Examiner : M. Lerner  
Filed : September 26, 2000 Art Unit : 2654  
For : LATTICE-BASED UNSUPERVISED MAXIMUM  
LIKELIHOOD LINEAR REGRESSION FOR  
SPEAKER ADAPTATION

December 1, 2006

**SECOND AMENDMENT AFTER FINAL**

I hereby certify that this correspondence and any documents referred to as enclosed  
therewith are being transmitted by facsimile to the Commissioner for Patents on  
facsimile number (571) 273-8300 on December 1, 2006.

  
Stanley D. Ference III  
Reg. No. 33,879

December 1, 2006  
Date of Signature

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated September 1, 2006, please amend the above-  
identified application as set forth below.

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 2  
of this paper.

**Remarks** begin on page 7 of this paper.

## FERENCE & ASSOCIATES

409 Broad Street  
Pittsburgh, Pennsylvania 15143  
Phone: (412) 741-8400  
Fax: (412) 741-9292  
Web: www.ferencelaw.com

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### USPTO FACSIMILE COVER SHEET

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To: Commissioner for Patents  
Fax Number: (571) 273-8300  
Date: December 1, 2006  
Pages: 11 pages (including this cover sheet)

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#### MESSAGE:

**RESPONSE UNDER 37 CFR 1.116**  
**-- EXPEDITED PROCEDURE --**  
**EXAMINING GROUP 2654**

**LATTICE-BASED UNSUPERVISED MAXIMUM LIKELIHOOD**  
**LINEAR REGRESSION FOR SPEAKER ADAPTATION**  
Application No. 09/670,251  
Examiner M. Lerner  
Art Unit 2654

Amendment Transmittal  
Second Amendment After Final

YOR920000390US1  
(590.023)

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FERENCE & ASSOCIATES  
Amendment Transmittal

**DEC 01 2006**

Att. Docket No. YOR920000390US1  
(590.023)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of : Padmanabhan et al.  
Serial No. : 09/670,251 Examiner : M. Lerner  
Filed : September 26, 2000 Group Art Unit : 2654  
For : LATTICE-BASED UNSUPERVISED MAXIMUM LIKELIHOOD  
LINEAR REGRESSION FOR SPEAKER ADAPTATION

HON. COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

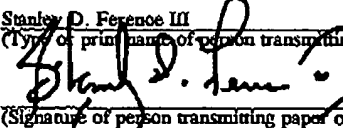
Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

**CERTIFICATE OF FACSIMILE TRANSMITTAL**

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on December 1, 2006 to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III  
(Type or print name of person transmitting paper or fee)  
  
(Signature of person transmitting paper or fee)

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PERENCE & ASSOCIATES  
 Amendment Transmittal

Atty. Docket No. YOR920000390US1  
 (590.023)

5. ☐ Also enclosed: \_\_\_\_\_
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

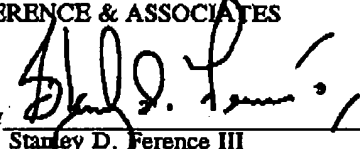
	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Percent Extra (Col. 3)	SMALL ENTITY		OR	x	OTHER THAN A SMALL ENTITY	
				RATE	FEE			RATE	FEE
Total Claims	4	** 20	= * 0	\$25	=	OR	x	\$50	=
Ind. Claims	2	*** 3	= * 0	\$100	=	OR	x	\$200	=
<input type="checkbox"/> Multiple Dependent Claim Presented				\$180	=	OR	+	\$360	=
				<b>TOTAL</b>	= \$	OR		<b>TOTAL</b>	= \$

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.  
 \*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$\_\_\_\_\_ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$\_\_\_\_\_ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

PERENCE & ASSOCIATES

By   
 Stanley D. Ference III  
 Reg. No. 33,879

Dated: December 1, 2006

Mailing Address:

Customer No. 35195  
 PERENCE & ASSOCIATES  
 409 Broad Street  
 Pittsburgh, Pennsylvania 15143  
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 (412) 741-9292 - Facsimile